SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS ÁFTER 1st AMENDMENT AFTER 2nd AMENDMENT **AS FILED** IND. DEP. IND. IND. IND. DEP. IND. DEP. IND. DEP. Ą TOTAL j TOTAL IND. _1 TOTAL DEP. TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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